

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	H0004409
		First Named Inventor	Gary D'Angelo et al.
		COMPLETE IF KNOWN	
		Application Number	
		Filing Date	Filed concurrently herewith
		Group Art Unit	
X Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BLEED VALVE SYSTEM

the specification of which

X is attached hereto

OR

was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International

Application Number _____ and was amended on _____ (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

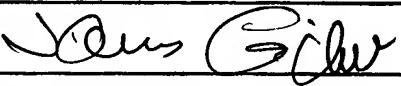
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page _____ of _____
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Robert		Franconi	
Inventor's Signature		Date	
Residence: City	New Hartford	State	CT
		Country	US
Citizenship US			
Mailing Address			
643 West Hill Road			
Mailing Address			
City	New Hartford	State	CT
		Zip	06057
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
James		Gibb	
Inventor's Signature		Date	
			
Residence: City	Burlington	State	CT
		Country	US
Citizenship			
Mailing Address			
135 Punch Brook Road			
Mailing Address			
City	Burlington	State	CT
		Zip	06013
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Bob		Goodman	
Inventor's Signature		Date	
Residence: City	West Hartford	State	CT
		Country	US
Citizenship			
Mailing Address			
120 Fuller Drive			
Mailing Address			
City	West Hartford	State	CT
		Zip	06117
		Country	US

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

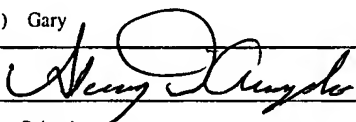
If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-766-9199) and select option 2.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
DECLARATION — Utility or Design Patent Application			
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 000128		OR <input type="checkbox"/> Correspondence address below	
Name			
Address			
Address			
City		State	ZIP
Country	Telephone		Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Gary		Family Name or Surname: D'Angelo	
Inventor's Signature 			Date 6/25/03
Residence: City Bristol	State CT	Country US	Citizenship U.S.A.
Mailing Address			
Mailing Address 350 Morris Avenue			
City Bristol	State CT	ZIP 06010	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Tom		Family Name or Surname: Banach	
Inventor's Signature			Date
Residence: City Barkhamsted	State CT	Country US	Citizenship
Mailing Address			
Mailing Address 25 Diane Drive			
City Barkhamsted	State CT	ZIP 06063	Country US
X Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
DECLARATION — Utility or Design Patent Application					
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 000128 OR <input type="checkbox"/> Correspondence address below					
Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Gary		Family Name or Surname: D'Angelo			
Inventor's Signature					Date
Residence: City Bristol		State CT		Country US	Citizenship
Mailing Address					
Mailing Address 350 Morris Avenue					
City Bristol		State CT		ZIP 06010	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Tom		Family Name or Surname: Banach			
Inventor's Signature <i>Thomas E Banach</i>					Date 7-17-03
Residence: City Barkhamsted		State CT		Country US	Citizenship US
Mailing Address					
Mailing Address 25 Diane Drive					
City Barkhamsted		State CT		ZIP 06063	Country US
X Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Express Mail Label No.
EL621415265US

PTO/SB/02A (05-03)
Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
--------------------	---

Page _____ of _____

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Robert		Franconi	
Inventor's Signature <i>Robert Franconi</i>		Date 6-25-03	
Residence: City New Hartford	State CT	Country US	Citizenship US
Mailing Address			
Mailing Address 643 West Hill Road			
City New Hartford	State CT	Zip 06057	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
James		Gibb	
Inventor's Signature			
Residence: City Burlington	State CT	Country US	Citizenship
Mailing Address			
Mailing Address 135 Punch Brook Road			
City Burlington	State CT	Zip 06013	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Bob		Goodman	
Inventor's Signature <i>Robert Goodman</i>		Date 6/26/03	
Residence: City West Hartford	State CT	Country US	Citizenship
Mailing Address			
Mailing Address 120 Fuller Drive			
City West Hartford	State CT	Zip 06117	Country US

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: _____ Honeywell _____
 Application No./Patent No.: _____ UNKNOWN _____ Filed/Issue Date: _____ HEREWITH _____
 Entitled: _____ BLEED VALVE SYSTEM _____
 _____ Honeywell _____, a _____ Corporation _____
 (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
 2. ☐ an assignee of less than the entire right, title and interest.
 The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.
 [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

July 22, 2003

Date

Ivan Mlachak

Typed or printed name

Signature

Title